

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

**CALIFORNIA 460**

Statement covers period from <u>10/19/2008</u>	Date of election if applicable: (Month, Day, Year) <u>12/31/2008</u>
SEE INSTRUCTIONS ON REVERSE	

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

Officeholder; Candidate Controlled Committee       Primarily Formed Ballot Measure Committee  
 State Candidate Election Committee       Controlled  
 Recall       Sponsored  
(Also Complete Part 5)  
 General Purpose Committee       Primarily Formed Candidate/  
 Sponsored Officeholder Committee  
 Small Contributor Committee  
 Political Party/Central Committee

**3. Committee Information**

I.D. NUMBER

1307852

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Friends Of Mike Cordero

STREET ADDRESS (NO P.O. BOX)

1212 S Victory Blvd

CITY

Burbank

STATE

CA

ZIP CODE

91502

AREA CODE/PHONE

(818) 260-0669

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/20/2009

Date

Executed on 01/20/2009

Date

Executed on 01/20/2009

Date

Executed on 01/20/2009

Date

By Kinde Durkee

By

Mike Cordero

By

Friends Of Mike Cordero

By

Friends Of Mike Cordero

By

By Kinde Durkee

By

Mike Cordero

By

Friends Of Mike Cordero

By

By Kinde Durkee

By

Mike Cordero

By

Friends Of Mike Cordero

By

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM  
460**

Page 2 of 10

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE Mike Cordero	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member, City Of Santa Maria, District: n/a
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY 1212 S Victory Blvd Burbank	STATE ZIP CA 91502
COMMITTEE NAME	I.D. NUMBER

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE	BALLOT NO. OR LETTER		JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER				

**7. Primarily Formed Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE COMMITTEE ADDRESS STREET ADDRESS (NO PO. BOX)	OFFICE SOUGHT OR HELD CITY STATE ZIP CODE AREA CODE/PHONE	OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO PO. BOX)	I.D. NUMBER CITY STATE ZIP CODE AREA CODE/PHONE	OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO PO. BOX)	CONTROLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
CITY				

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

**CALIFORNIA  
FORM  
460**

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Friends Of Mike Cordero

Statement covers period  
from 10/19/2008  
through 12/31/2008

I.D. NUMBER  
1307852

**Contributions Received**

	<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ <u>10328.00</u>	\$ <u>23188.00</u>
2. Loans Received .....	Schedule B, Line 7 \$ <u>0.00</u>	\$ <u>26200.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	<u>10328.00</u>	<u>49388.00</u>
4. Nonmonetary Contributions .....	Add Lines 1 + 2 \$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Schedule C, Line 3 \$ <u>10328.00</u>	\$ <u>49388.00</u>
	Add Lines 3 + 4 \$ <u>0.00</u>	\$ <u>0.00</u>

**Expenditures Made**

6. Payments Made .....	Schedule E, Line 4 \$ <u>3024.83</u>	\$ <u>35254.73</u>
7. Loans Made .....	Schedule H, Line 7 \$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ <u>3024.83</u>	\$ <u>35254.73</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 \$ <u>15000.00</u>	\$ <u>15000.00</u>
10. Nonmonetary Adjustment .....	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ <u>18024.83</u>	\$ <u>50254.73</u>

**Current Cash Statement**

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ <u>6830.10</u>	
13. Cash Receipts .....	Column A, Line 3 above \$ <u>10328.00</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 \$ <u>784.64</u>	
15. Cash Payments .....	Column A, Line 8 above \$ <u>3024.83</u>	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>14917.91</u>	
	<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2 \$ <u>0.00</u>	
18. Cash Equivalents .....	See instructions on reverse \$ <u>0.00</u>	
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above \$ <u>41200.00</u>	

**Cash Equivalents and Outstanding Debts**

\*Since January 1, 2001. Amounts in this section may be  
different from amounts reported in Column B.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule A**  
**Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends Of Mike Cordero

		<b>CALIFORNIA FORM</b>	
		<b>460</b>	
		Statement covers period from <u>10/19/2008</u> through <u>12/31/2008</u>	Page <u>4</u> of <u>10</u>
		I.D. NUMBER <u>1307852</u>	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/04/2008	Cindy Alvarado 923 E Mc Cloud Santa Maria CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banking Cindy Alvarado	100.00	100.00	\$100.00 G2008
11/04/2008	Elyse Battistella 511 N Bradley Rd Santa Maria CA 93456	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	\$100.00 G2008
11/04/2008	Joyce Gracie 4215 Brookside Pl Santa Maria CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Joyce B. Gracie	100.00	100.00	\$100.00 G2008
11/04/2008	Kimberly Graham 591 Mesa Rd Nipomo CA 93444	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Lieutenant Santa Maria Police Department	100.00	100.00	\$100.00 G2008
11/04/2008	Wesley Maroney 1248 Woodmere Rd Santa Maria CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	100.00	100.00	\$100.00 G2008
				<b>SUBTOTAL \$</b>	<b>500.00</b>	

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.).....\$ 9900.00
- Amount received this period – unitemized contributions of less than \$100 .....
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 10328.00**

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)  
**CALIFORNIA  
 FORM  
 460**

NAME OF FILER <b>Friends Of Mike Cordero</b>		Statement covers period from <u>10/19/2008</u> through <u>12/31/2008</u>	CALIFORNIA FORM <b>460</b>			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME    OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
11/04/2008	Marylyn Muzer 1329 N Christina St Santa Maria CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	250.00	500.00	\$500.00 G2008
12/23/2008	Craig Ross 1320 E Emerald Dr Santa Maria CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Certified Financial Service National Recreational Properties Inc	150.00	150.00	\$150.00 G2008
11/04/2008	Santa Maria Fire Fighters Pac 110 E Cook St Santa Maria CA 93454	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	1000.00	\$1000.00 G2008
12/23/2008	Santa Maria Police Officers Association PAC 222 E Cook Santa Maria CA 93456	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00	15000.00	\$15000.00 G2008
11/04/2008	SEIU Local 620 Central Coast Voters For Better Government 933 Castillo St Santa Barbara CA 93101	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3000.00	3000.00	\$3000.00 G2008
				<b>SUBTOTAL \$</b>	<b>9400.00</b>	

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
 (other than PTY or SCC)  
 OTH – Other  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule B – Part 1**  
**Loans Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1  
**CALIFORNIA 460**  
FORM

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
**Friends Of Mike Cordero**

Statement covers period  
from 10/19/2008  
through 12/31/2008  
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NAME OF FILER <b>Friends Of Mike Cordero</b>		Statement covers period from <u>10/19/2008</u> through <u>12/31/2008</u>	I.D. NUMBER <u>1307852</u>
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD
1324 Ruby Court Santa Maria CA 93454 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lieutenant Santa Maria Police Department	\$ 21171.18	\$ 0.00
1324 Ruby Court Santa Maria CA 93454 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lieutenant Santa Maria Police Department	\$ 3828.82	\$ 0.00
1324 Ruby Court Santa Maria CA 93454 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lieutenant Santa Maria Police Department	\$ 1200.00	\$ 0.00
			<b>SUBTOTALS</b> \$ 0.00
			\$ 0.00
			\$ 26200.00
			\$ 0.00

**Schedule B Summary**

1. Loans received this period.....\$ 0  
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.)  
Enter the net here and on the Summary Page, Column A, Line 2.

**NET** \$ 0  
(May be a negative number)

(Enter (e) on  
Schedule E, Line 3)

**\*Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.**  
**\*\* If required.**

† Contributor Codes  
IND – Individual COM – Recipient Committee (other than PTY or SCC)

PTY – Political Party  
SCC – Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

## Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Friends Of Mike Cordero

## SCHEDULE E CALIFORNIA FORM 460

Statement covers period  
from 10/19/2008  
through 12/31/2008

Page 7 of 10  
I.D. NUMBER  
1307852

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Durkee & Associates	PRO		469.13
1212 S Victory Bl Burbank	CA	91502	
Durkee & Associates	PRO		222.13
1212 S Victory Bl Burbank	CA	91502	
Durkee & Associates	PRO		202.84
1212 S Victory Bl Burbank	CA	91502	
			<b>SUBTOTAL \$ 894.10</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....
2. Unitemized payments made this period of under \$100 .....
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....

3024.83  
\$ 0

0  
\$ 0

3024.83  
\$ 3024.83

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Friends Of Mike Cordero

Statement covers period from <u>10/19/2008</u>		through <u>12/31/2008</u>	
		Page <u>8</u> of <u>10</u>	
		I.D. NUMBER <u>1307852</u>	

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
LEG	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LIT	legal defense	PRO	professional services (legal, accounting)
	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Durkee & Associates	PRO		200.00
1212 S Victory Bl Burbank	CA	91502	
Durkee & Associates	PRO		204.62
1212 S Victory Bl Burbank	CA	91502	
Home Depot	OFC		256.21
1750 E Edinger Av Santa Ana	CA	92705	
La Hacienda Mexican Restaurant	CMP		985.90
312 W Main St Santa Maria	CA	93458	
Voter Guide Slate Mail	LIT		484.00
6285 E Spring St #202 Long Beach	CA	90808	
		598032	
			<b>SUBTOTAL \$ 2130.73</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded to whole dollars.

CALIFORNIA FORM 460

Statement covers period  
10/19/2008

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
**Friends Of Mike Cordero**

<b>CODES:</b>	If one of the following codes accurately describes your campaign paraphernalia/misc.
CMP	campaign consultants
CNS	contribution (explain nonmonetary)*
CTB	civic donations
CVC	candidate filing/ballot fees
FIL	fundraising events
FND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LT	campaign literature and mailings

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CYC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings
MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
					(e)
Freeman Public Affairs	CNS	0.00	15000.00	0.00	15000.00
1405 Marcelina Ave #111					
Torrance	CA	90501			

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$ 15000.00**

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$ 0**

3. Net change this period. **Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)** ..... **NET \$ 15000.00**

May be a negative number

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

## Schedule I Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I  
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Friends Of Mike Cordero

DATE RECEIVED

JULL NAME AND ADDRESS OF SOURCE  
(IE COMMITTEE ALSO ENTER ID NUMBER)

AMOUNT OF  
INCREASE TO CASH

784.64

784.64

**784.64**

784.64

$$\begin{array}{r} 784.64 \\ \hline 0 \\ \hline 0 \end{array}$$

$$\begin{array}{r} 784.64 \\ \hline 0 \\ \hline 0 \end{array}$$

**TOTAL** \$ 784.64

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)

Schedule I Summary

1. Increases to cash of \$100 or more this period .....	\$ ..... 784.64
2. Unitermized increases to cash under \$100 this period .....	\$ ..... 0
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e),) .....	\$ ..... 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .....	<b>TOTAL</b> \$ ..... <b>784.64</b>

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC